

## FEEDBACK FORM

**Y**our feedback on *Helping to Heal: A Training on Mental Health Response to Terrorism* is appreciated. When you have completed the questions below, please mail this form to: Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, Office of Planning, P.O. Box 1797, Richmond, VA 23218.

1. Overall, was the material covered in this training useful to you?

☐ Yes ☐ No Please explain below.

2. What specific component of the training did you find most useful? Why?

3. Was the material presented accurately?

☐ Yes ☐ No Please explain below.

4. Was the material presented clearly?

☐ Yes ☐ No Please explain below.

5. Would you recommend this training to your colleagues?

☐ Yes ☐ No Please explain below.

Additional comments:

**Name:** (optional)

**Organization/Agency:** (optional)

